

CLIFFSIDE PARK RECREATION REGISTRATION FORM

Date _____

- | | | |
|---------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Basketball | |
| <input type="checkbox"/> Summer Rec. | <input type="checkbox"/> Other _____ | |

Name _____

Address _____

Phone # _____

Parent's Signature _____

Email _____

Age _____ ☐ Male ☐ Female Date of Birth _____

Grade _____ School _____

Registration Fee: _____

Shirt Size _____ Short Size _____

I hereby give consent to the Borough of Cliffside Park Recreation Department for my child to participate in this program. I hereby release and discharge the Borough of Cliffside Park, the Department of Recreation and its members from any and all actions, claims, demands, injuries, or damages resulting from my child's participation in any activities as part of the Recreation Program.

Emergency Contact: _____ Name/Phone: _____

Please list any medical conditions:

